

Attachment D:

Correspondence for FRN 1045303

**From:** Ilze K. Lacis  
**To:** "sldcaseattachments@sl.universalservice.org"  
**Subject:** RE: SLD Inquiry #: 22-680434 Received  
**Date:** Saturday, October 11, 2014 6:18:28 PM  
**Attachments:** [ServiceDeliveryExtensionRequest-CMSD-IBM-WILAN-FRN1045303 FY 2003 11oct2014.pdf](#)

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## E-Rate Central

Ilze K. Lacis  
(516) 801-7824  
[ilacis@e-ratecentral.com](mailto:ilacis@e-ratecentral.com)  
[www.e-ratecentral.com](http://www.e-ratecentral.com)



**From:** sldcaseattachments@sl.universalservice.org

[mailto:sldcaseattachments@sl.universalservice.org]

**Sent:** Saturday, October 11, 2014 6:16 PM

**To:** ilacis@e-ratecentral.com

**Subject:** SLD Inquiry #: 22-680434 Received

Thank you for using Submit a Question. This message serves as a receipt confirmation of your submission.

The case number for your submission is 22-680434.

Please refer to this case number in subsequent contacts regarding this issue. Note that we may need to ask you for additional information to completely answer your question or fulfill your request.

You indicated in your submission that you wish to send us an attachment. To submit an attachment, please reply to this message and attach your attachment to the reply. Any additional information you wish to provide should be included in the attachment, not added to the text of this email.

If you still have questions about this issue after you review our response, please call us at 1-888-203-8100. Please do not reply to this message or to our response, as replies go to an unattended mailbox.

If you have a new question or issue, please submit another question and we will create a new case number to address it.

If you need program information, you can visit the SLD web site at [www.usac.org/sl](http://www.usac.org/sl).

Thank you.

Here is the information you submitted:

[FirstName]=Ilze [LastName]=Lacis [JobTitle]=Consultant [EmailAddress]=[ilacis@e-ratecentral.com](mailto:ilacis@e-ratecentral.com) [WorkPhone]=5168017824 [FaxPhone]=5168017834  
[PreviousCaseNumber]=0 [FormType]=Other [Owner]=TCSB  
[DateSubmitted]=10/11/2014 6:15:14 PM [AttachmentFlag]=Y[Question2]=This is a

*request for a service delivery deadline extension for FRN 1045303 (wireless LAN). Please see the attachment for further information. Thank you.*

# E-RATE CENTRAL

Great Lakes Office  
3221 Washington Blvd., Suite 1  
Cleveland Heights, Ohio 44118-2546  
Tel: 516-801-7824 • Fax: 516-801-7834

Ilze K. Lacis

11 October 2014

**To:**

Service Delivery Deadline Extension Request  
Schools and Libraries Division  
Correspondence Unit  
30 Lanidex Plaza West / P.O. Box 685  
Whippany, NJ 07054-0685

**Via 'Submit a Question' tool**

sldcaseattachments@sl.universalservice.org

## **RE: Service Delivery Deadline Extension Request**

**Contact person name:** Ilze Lacis  
**Contact information:** E-Rate Central-Great Lakes Office  
3221 Washington Blvd, Suite#1  
Cleveland Heights, Ohio  
44118  
(516) 801-7824  
[ilacis@e-ratecentral.com](mailto:ilacis@e-ratecentral.com)

**Beneficiary's name:** Cleveland Municipal School District

**Billed Entity Number:** 129482

**FCC Form 471 Application Number:** 380114

**Funding Request Number (FRN):** 1045303

**Service Provider Name:** IBM Corporation

**Service Provider Identification Number (SPIN):** 143005607

**Reason for extension request:** The District needs more time to implement the approved internal connections equipment. This is for a wireless LAN installation and has begun; the project is inter-related with other network installations (cabling), and requires additional time to complete the installations. The extension for service is requested through September 30, 2015.

**Documentation or certification:** The applicant requests an extension because the service provider was unable to complete delivery and installation for reasons beyond the service provider's control.

Please contact me for any further questions that you may have, so I may timely respond.  
Respectfully,



Ilze K. Lacis, Consultant, E-Rate Central

**From:** [Miller, Jesse](#)  
**To:** [jlacis@e-ratecentral.com](mailto:jlacis@e-ratecentral.com); [jlacisil@cmsdnet.net](mailto:jlacisil@cmsdnet.net)  
**Cc:** [Kanyuck, William](#)  
**Subject:** Service Delivery Extension request Case 22-680434 FRN 1045303  
**Date:** Thursday, January 08, 2015 2:21:01 PM

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Hello Illze Lacis,

Applicants can request an extension of the deadline for delivery and installation of non-recurring services by completing the Block 2, Item 8 on the FCC Form 500- Funding Commitment Adjustment Request Form. Since your request was not filed on a FCC Form 500, your request is dismissed. Please resubmit your request by filing the CC Form 500- Funding Commitment Adjustment Request Form. Instructions for filing the FCC Form 500 can be found on <http://www.usac.org/sl/tools/forms/default.aspx>.

Thank you

**Jesse Miller**  
**Associate Manager/SLD Invoicing**  
30 Lanidex Plaza West | Parsippany, NJ 07054  
T: 973.581.5296 | F: 973-599-6539  
[jemille@sl.universalservice.org](mailto:jemille@sl.universalservice.org)

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**Confidentiality Notice:** The information in this e-mail and any attachments thereto is intended for the named recipient(s) only. This e-mail, including any attachments, may contain information that is privileged and confidential and subject to legal restrictions and penalties regarding its unauthorized disclosure or other use. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or the taking of any action or inaction in reliance on the contents of this e-mail and any of its attachments is **STRICTLY PROHIBITED**. If you have received this e-mail in error, please immediately notify the sender via return e-mail; delete this e-mail and all attachments from your e-mail system and your computer system and network; and destroy any paper copies you may have in your possession. Thank you for your cooperation.



**Universal Service for Schools and Libraries  
Funding Commitment Adjustment Request Form**

**Please read instructions before completing.**

(To be completed by schools, libraries or consortia.)

Applicant's Form Identifier:  
(Create your own code to identify THIS FCC Form 500)

FCC Form 500 Application Number:  
(To be assigned by administrator.)

**Block 1: Applicant Information**

|   |                                   |   |
|---|-----------------------------------|---|
| 1. Name of Billed Entity<br>CLEVELAND CITY SCHOOL DISTRICT  | 2. Billed Entity Number<br>129482 | 3. Funding Year<br>2002                               |
| 4. Complete Mailing Address of Billed Entity<br>Street Address, P. O. Box or Route Number<br><br>1111 SUPERIOR AVENUE, E SUITE 1800 | City<br>CLEVELAND                 | State<br>OH   |
|   | Zip Code<br>44114                 |   |
| Telephone Number<br>216-838-0000  | Fax Number                        | Email Address   |
| 5. Contact Person Information   |                                   |   |
| Contact Person Name<br>DEDRA ROSS   |                                   |   |
| Mailing Address<br>Street Address, P. O. Box or Route Number<br><br>4966 WOODLAND AVENUE, 3RD FL.                                   | City<br>CLEVELAND                 | State<br>OH   |
|   | Zip Code<br>44104                 |   |
| Telephone Number<br>216-432-4619  | Fax Number<br>216-432-4632        | Email Address<br>Dedra.Ross@clevelandmetroschools.org |

**Type of Adjustment (Check all that apply)**

☒ **Block 2: Services Adjustment**

☐ **Block 4: Equipment Transfer Notification**

☐ **Block 3: Cancellation or Reduction of an FRN**

**DO NOT STAPLE**Billed Entity Name CLEVELAND CITY SCHOOL DISTRICT Contact Name DEDRA ROSSBilled Entity Number 129482 Contact Telephone Number 216-432-4619 Page 2**Block 2: Services Adjustment**

**Remember: The Funding Request Number(s) (FRNs) listed on this form must be for the same Funding Year as listed in Block 1, Item 3.**

**New Service Start Date:** Complete if you wish to change the Service Start Date you listed on a previously filed FCC Form 486 in the funding year listed in Block 1, Item 3. This action will NOT increase funding.

**Contract Expiration Date:** Complete if the contract expiration date has changed and you wish to report the change to USAC. This action will NOT increase funding but you could combine it with a funding reduction.

**Service Delivery Extension:** Complete if you are requesting an extension of the deadline for delivery and installation of non-recurring services. You must submit this request to USAC on or before the September 30 following the close of the funding year. This action will NOT increase funding. **Note:** Complete the Contract Expiration Date (Item 7) also if your contract will expire prior to the installation or delivery of services.

**6. Service Start Date**

| FCC Form 471 | FRN(s) | Original Date (mm/dd/yyyy): | New Date (mm/dd/yyyy): |
|--------------|--------|-----------------------------|------------------------|
|              |        |                             |                        |
|              |        |                             |                        |

**7. Contract Expiration Date**

| FCC Form 471 | FRN(s) | Original Date (mm/dd/yyyy): | New Date (mm/dd/yyyy): |
|--------------|--------|-----------------------------|------------------------|
|              |        |                             |                        |
|              |        |                             |                        |

**Make as many copies of this page as needed, and number the completed pages so that they are all processed correctly. Please number your pages 2A, 2B, 2C, etc. and provide the number in space provided in Block 2.**

**8. Service Delivery Extension Request**FCC Form 471  
380114FRN  
1045303

Certify the reason for the service delivery and installation request by checking one of the boxes below:

- ☒ The service provider was unable to complete delivery and installation for reasons beyond the service provider's control.
- ☐ The service provider has been unwilling to complete delivery and installation after USAC withheld payment for those services on a properly-submitted invoice for more than 60 days after submission of the invoice.

**DO NOT STAPLE**Billed Entity Name CLEVELAND CITY SCHOOL DISTRICT Contact Name DEDRA ROSSBilled Entity Number 129482 Contact Telephone Number 216-432-4619 Page 3**Block 3: Cancellation or Reduction of an FRN****Remember:** The FRNs listed on this form must be for the same Funding Year as listed in Block 1, Item 3.**Cancel:** Complete if you wish to cancel an FRN. This action is irrevocable and the FRN cannot be reinstated later. This action would allow money to be put back into the Universal Service Fund for possible commitment to other applicants.**Reduce:** Complete if you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN cannot be increased later. This action would allow money to be put back into the Universal Service Fund for possible commitment to other applicants.**Make as many copies of this page as needed, and number the completed pages so that they are all processed correctly. Please number your pages 3A, 3B, 3C, etc. and provide the number in space provided in Block 3****9. Cancel FRN**

| FCC Form 471 | FRN (s) (list individually) | Write in "CANCEL ALL" below if you wish to cancel all FRNs on FCC Form 471 |
|--------------|-----------------------------|--|
|              |                             |  |
|              |                             |  |
|              |                             |  |

**10. Reduce FRN**

| FCC Form 471 | FRN(s) | Original Commitment Amount from FCDL | New Commitment Amount AFTER Reduction |
|--------------|--------|--------------------------------------|---------------------------------------|
|              |        |                                      |                                       |
|              |        |                                      |                                       |
|              |        |                                      |                                       |



**DO NOT STAPLE**Billed Entity Name CLEVELAND CITY SCHOOL DISTRICTContact Name DEDRA ROSSBilled Entity Number 129482Contact Telephone Number 216-432-4619Page **4****Block 4: Equipment Transfer Notification****Remember: The FRNs listed on this form must be for the same Funding Year as listed in Block 1, Item 3.**

11. **Equipment Transfer:** Complete this section if you are transferring equipment from a closed entity to other eligible entities within three years of the date of purchase. Both the transferring and receiving entities must maintain detailed records documenting the transfer and the reason for the transfer for at least five years (or whatever retention period is required by the rules in effect at the time of this certification).

**Make as many copies of this page as needed, and number the completed pages so that they are all processed correctly. Please number your pages 4A, 4B, 4C, etc. and provide the number in space provided in Block 4**

|   |                           |  |
|---|---------------------------|--|
| FCC Form 471  |                           | FRN  |
| Closed Entity Number  |                           | Closed Entity Name                                   |
| Purchase Date   | Transfer Date             | Transfer Reason                                      |
| <input type="checkbox"/> Check here if transfer is temporary. Enter projected return date _____ |                           |  |
| List all entities receiving the equipment.<br>Receiving Entity(s) Number(s)                     | Receiving Entity Name (s) | Equipment Received<br>Equipment name, make and model |
|   |                           |  |
|   |                           |  |
|   |                           |  |

**DO NOT STAPLE**Billed Entity Name CLEVELAND CITY SCHOOL DISTRICTContact Name DEDRA ROSSBilled Entity Number 129482Contact Telephone Number 216-432-4619**Block 5: Certification**

12. I certify that I am authorized to submit this form on behalf of the above-named billed entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.
13. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services.
14. I will retain for at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of delivery of discount services (or after the date of transfer for equipment transfers), (1) any and all records that I rely upon to complete this form and (2) all documents necessary to demonstrate compliance with the statutory or regulatory requirements for the schools and libraries universal service support program. I recognize that I may be audited pursuant to this application and the applicant must produce such records as required by 47 C.F.R. § 54.516.

15. Signature

16. Date

17. Printed name of authorized person

JOSEPH PODACH

18. Title or position of authorized person

DEPUTY CHIEF-TECHNOLOGY AND PROCUREMENT

19. Telephone number of authorized person

216-838-0414

20. Email address of authorized person

Joseph.Podach@clevelandmetroschools.org

21. Address of authorized person

1111 Superior Ave., E Suite1800, Cleveland, OH 44114

22. Name of Authorized Person's Employer

Cleveland Municipal School District

**FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT**

Part 54 of the Commission's Rules authorizes the FCC to collect the information on this form. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to range from 1 to 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PERM, Paperwork Reduction Act Project (3060-0853), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to [PRA@fcc.gov](mailto:PRA@fcc.gov). PLEASE DO NOT SEND YOUR RESPONSE TO THIS FORM TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0853.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

**A paper copy of this form, with an authorized signature in Block 5, Item 15 should be mailed to:**

**SLD Form 500  
P. O. Box 7026  
Lawrence, KS 66044-7026**

**If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:**

**SLD Forms  
ATTN: Form 500  
3833 Greenway Dr.  
Lawrence, KS 66046  
888-203-8100**





### Administrator's Decision on Implementation Extension Request

February 19, 2015

Dedra Ross  
CLEVELAND CITY SCHOOL DISTRICT  
4966 Woodland Avenue, 3<sup>rd</sup> Fl.  
Cleveland, OH 44104

FCC Form 471 Application      380114  
Number:  
Funding Request Number(s):      1045303

Your Correspondence Dated:      January 9, 2015

After thorough review and investigation of all relevant facts, the Schools and Libraries Division ("SLD") of the Universal Service Administrative Company ("USAC") has made its decision in regard to your implementation extension request. This letter explains the basis of USAC's decision. The date of this letter begins the 60-day time period for appealing this decision. If your request included more than one FRN, please note that for each FRN you may receive a separate determination letter.

Decision on Request:      **Denied in full**

Explanation: Request received after the FCC deadline for Implementation Deadline Extension request which was 09/30/2014.

In accordance with the FCC Report and Order (FCC 01-195) released on June 29, 2001, the Administrator may grant an extension of time for the implementation of non-recurring services if the implementation is delayed for circumstances beyond the named service provider's control. You have been unable to establish such circumstances.

#### TO APPEAL THIS DECISION

If you wish to appeal a decision in this letter to USAC, your appeal must be received by USAC or postmarked within 60 days of the date of this letter. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and email address for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Include the following to identify the USAC decision letter (e.g., FCDL) and the decision you are appealing:



- appellant name
  - applicant and service provider names, if different than appellant
  - applicant BEN and service provider SPIN
  - **<insert application or form number>** as assigned by USAC
  - Funding Request Number(s) (FRNs) you are appealing if provided in the letter
  - **<insert name of the letter and funding year - both are located at the top of the letter>** AND
  - the exact text or the decision that you are appealing.
3. Please keep your letter to the point and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.
  4. If you are the applicant, please provide a copy of your appeal to the service provider(s) affected by USAC's decision. If you are the service provider, please provide a copy of your appeal to the applicant(s) affected by USAC's decision.
  5. Provide an authorized signature on your letter of appeal.

We strongly recommend that you use one of the electronic filing options. To submit your appeal to USAC by email, email your appeal to [appeals@sl.universalservice.org](mailto:appeals@sl.universalservice.org) or submit your appeal electronically by using the "Submit a Question" feature on the USAC website. USAC will automatically reply to incoming emails to confirm receipt.

To submit your appeal to us by fax, fax your appeal to (973) 599-6542.

To submit your appeal to us on paper, send your appeal to:

Letter of Appeal  
 Schools and Libraries Division - Correspondence Unit  
 30 Lanidex Plaza West  
 PO Box 685  
 Parsippany, NJ 07054-0685

For more information on submitting an appeal to USAC, please see "Appeals" in the "Schools and Libraries" section of the USAC website.

Schools and Libraries Division  
 Universal Service Administrative Company

cc: Mary N. Walker, International Business Machines Corporation



### Administrator's Decision on Implementation Extension Request

February 19, 2015

Dedra Ross  
CLEVELAND CITY SCHOOL DISTRICT  
4966 Woodland Avenue, 3<sup>rd</sup> Fl.  
Cleveland, OH 44104

FCC Form 471 Application Number: 380114  
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1. Include the name, address, telephone number, fax number, and email address for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Include the following to identify the USAC decision letter (e.g., FCDL) and the decision you are appealing:

- appellant name
  - applicant and service provider names, if different than appellant
  - applicant BEN and service provider SPIN
  - **<insert application or form number>** as assigned by USAC
  - Funding Request Number(s) (FRNs) you are appealing if provided in the letter
  - **<insert name of the letter and funding year - both are located at the top of the letter>** AND
  - the exact text or the decision that you are appealing.
3. Please keep your letter to the point and provide documentation to support your appeal. Be sure to keep a copy of your entire appeal, including any correspondence and documentation.
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  5. Provide an authorized signature on your letter of appeal.

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To submit your appeal to us by fax, fax your appeal to (973) 599-6542.

To submit your appeal to us on paper, send your appeal to:

Letter of Appeal  
Schools and Libraries Division - Correspondence Unit  
30 Lanidex Plaza West  
PO Box 685  
Parsippany, NJ 07054-0685

For more information on submitting an appeal to USAC, please see "Appeals" in the "Schools and Libraries" section of the USAC website.

Schools and Libraries Division  
Universal Service Administrative Company

cc: Mary N. Walker, International Business Machines Corporation